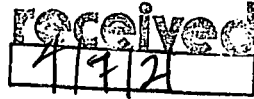


ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV



COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: April 7, 2021

Case Number: 21-123

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Kiesel

Premise Name: Camino Seco Pet Clinic

Premise Address: 8860 E Broadway Blvd

City: Tucson State: Az Zip Code: 85710

Telephone: 520-296-6281

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Julia Whitson-Lindholm

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Buddy Lindholm
Breed/Species: German Shepard Mix
Age: 3 Sex: Male Color: Brown

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.
Dr. Kiesel, 8860 E Broadway Blvd, 520-296-6281 for Camino Seco Pet Clinic.
Southern Arizona Veterinary Clinic Specialty and emergency center, 7474 E
broadway Blvd, 520-888-3177.

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Julia Whitson-Lindholm [REDACTED]
Southern Arizona Veterinary Specialty and Emergency Center, 7474 E Broadway
Blvd, 520-888-3177.
Christopher Whitson-Lindholm, [REDACTED]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Julia Whitson-Lindholm

Date: 04-07-2021

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

On August 3, 2020 I took my dog buddy to Camino Seco Pet Clinic and he was seen by Dr. Kiesel. When I first took Buddy in he had diarrhea and was in pain when trying to use the bathroom. Buddy ingested 10 pairs of the croch part of the underwear on the 1st of August, I waited 2 days to see if the clothing would pass but they did not so I proceeded to the pet clinic to have him seen. I was first told by the doctor to wait it out and it is no big deal but I insisted he was in pain and needed to be seen and have an operation done. On the 4th I recieved a call from the clinic that buddy had ingested some Barium into his lungs when he coughed it up and they had to do it a second time because of the situation but it will go away over time and that they will preform the surgery the next morning. The surgery was preformed on the 5th and was told the operation went great. I picked up buddy on the 7th and noticed his breathing wasn't normal but he told me it was because of the anesthesia and pain meds. When I got home I gave him a bowl of water that he vomitted immediately. I called the doctor on his personal cell phone and he told me not to give him any fluids or meds for 24 hours. The next day he still was not retaining fluids so I took him to the office on the 8th and he put fluids under Buddys neck and notified me not to give him anything again for the next 24 hour. I again asked about his breathing and he said it was normal and it was fine, he also informed me in 24 hours to only give buddy 1/4 cup of water every 30 min, once he starts to refuse the water to give him a tsp of food. He again told me dogs can survive 30 days without food and it's the water he is worried about. On the 9th I was able to give buddy 1/2 cup of water the entire day without him getting sick. That night I noticed buddys tongue was purple/ blue and called the Southern Arizona Vet Clinic and told them everything that has been happening, they stated his tongue shouldnt be that color and his breathing was not okay. They suggested I take him to the clinic immediately. On the morning of the 10th as soon as Camino Seco Pet Clinic opened I called and demanded another X-ray and explained what was happening, they told me again he can survive 30 days without food and that he was fine, I refused the recommendation and took him in anyways. He told me the gum color and breathing was fine. I did not recieve any other calls besides when I called them on the 12th. He told me buddy was doing great, drinking plenty but still not taking food. I didnt hear from them again until the 13th stating the same thing. On the 14th I recieved a call to pick up buddy, he had a slight kink in his neck, but he was at a loss. When I picked buddy up his head was down, tilted to the side, he was wobbling/ disoriented, tongue was blue/ purple, extreme heavy breathing, and unresponsive to his name. The doctor handed me two bottles of unlabeled medication and told me he didnt feel like putting the labels on. He told me to take buddy home to get some rest and not to force feed him. I told him my concern about the posture and he said not to worry about it and it was completey normal and he probably slept on it wrong. I took buddy straight to the Southern Arizona Veterinary Hospital where I was told he they ' ve treated buddy already by Camino Seco Pet Clinic for X-Rays (which I was never notified about) on the 3rd and the X-rays before showed the barium in his lungs but never treated his name was put under as Buddy Camino Seco pet clinic and not my name. Buddy was put down for euthenasia on August 14th, 2020. I still have pictures of both X-rays as well as all medications given to me by Dr. Kiesel.



Tracy Riendeau <tracy.riendeau@vetboard.az.gov>

Fwd: sending Buddy home for the week end

1 message

Julie Whitson-Lindholm <[REDACTED]>

Wed, Apr 7, 2021 at 5:47 PM

To: tracy.riendeau@vetboard.az.gov

This was an email I recieved from Dr. Kiesel.

----- Forwarded message -----

From: **Camino Seco Pet Clinic** <auto@evetpractice.com>

Date: Fri, Aug 14, 2020, 11:13 AM

Subject: sending Buddy home for the week end

To: <[REDACTED]>

I am sorry to say I am at a loss on Buddy... he took the pills out of my hand and swallowed them with out being forced but when ever I offer food he backs away... and now he ha a slight king to his neck...it does not seem painful at all but it is there... I think it is time to see what a special internist can do.... if you want me to refer you I will... I do need you to take him home over the week end to see how he does... I will send home the pills and see if there is any improvement...I am now also concerned that we need to get food into him so next week I will try placing an esophageal tube and feed him that way.... there has been no vomit since he hs been here... the panting id due to the vomited barium in his lungs but that is not a concern as his oxygen amount is good,.. I think starting him on cold milk may be worth a try as he drinks water well with no problems...however do not force food into him... one thing I did learn is that if you do that he gaggs and chokes and acts like he is being poisoned....

21-123

received
4/27/21

My recall of the sad affair was that the dog presented to the clinic with a history of eating panties (I think 10 pair) a few days ago and was now not eating and had vomit. When the dog was examined it was healthy and active with no pain on abdominal palpation so I decided to give a little xylazine and in ten minutes a little ketamine in preparation for surgery if needed, 10 minutes or so after the xylazine there was vomit and 6 to 8 different pieces of panties came out. I still gave the ketamine as xylazine alone has worse affects than the mixture, I waited until out of anesthesia and the dog was walking. The owner had said 10 or so may have been eaten so I decided I would give some barium and see if any may have gone into the intestines and got hung up. I gave 60 ml orally as the dog was fighting it and getting it all over I decided to stop as I assumed there was enough to give me the results I needed. I knew the stomach would have barium and a good radiograph at this time would not be possible so I waited for an hour to give it time to empty out and I could see any residual problems.

The dog had vomited about 30 to 45 minutes later all over the floor so we decided to take a radiograph and see if any went through to the intestine or if we could see something in the stomach.

the radiograph showed barium in the lung fields with some in the stomach and none in the intestines.

I immediately called Southwestern Veterinary Specialists to see if there was anything that could be done and they said not much at this point but this has happened before and some dogs do quite well. I asked if they could take the dog in as I wanted to do the best for the dog and I knew it was not me as I never had seen this before.

I called the owner and told her the dog had gotten barium in his lungs and I was concerned so took the dog to the specialty center to be safe and to be watched over night.

I took the dog over and he stayed a day or 2 and then came back to us. breathing was evident but the dog was happy and active.

I picked the dog up from the specialty center and they said they had the dog on oxygen but he seemed stable.

The dog would not eat and I was concerned about something else going on. I was afraid to give barium again so I monitored the dog for vomit, drinking and eating.

A few days later the dog had a head tilt and I knew this was not from the panties so I called the owner and told her to take the dog back to the specialty center as I did not know what was happening.

then I heard the dog was euthanized and the neurologic signs were not explained.

I should also say that while the dog was given the barium he was not left alone but stayed with us, so when he did vomit we were right there and I did not see much retching more like regurgitation when it came out. Then the dog seemed fine.

The part in the allegation about unlabeled bottles and telling her not to worry was some sort of misunderstanding and I have no answer for it. I was definitely worried about the head tilt and I knew only the specialty clinic could help.

In summary most of what was stated was correct but I did, and the records show, I wanted to refer the animal.

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Steven Dow, DVM
Brian Sidaway, DVM

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris, Assistant Attorney General

RE: Case: 21-123

Complainant(s): Julia Whitson-Lindholm

Respondent(s): Edwin Kiesel, DVM (License: 1360)

SUMMARY:

Complaint Received at Board Office: 4/7/21

Committee Discussion: 9/14/21

Board IIR: 10/20/21

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018

(Lime Green); Rules as Revised

September 2013 (Yellow)

On August 3, 2020, "Buddy," a 3-year-old male German Shepard mix was presented to Respondent after eating foreign material two days prior.

On August 4, 2020, Complainant was advised that the dog aspirated barium but the dog would be fine and surgery would be performed the following day.

On August 5, 2020, exploratory surgery was performed, foreign material was removed and the dog was discharged on August 7, 2020. Complainant expressed concerns with the dog's labored breathing but was advised that it was due to anesthesia and pain medication.

On August 8, 2020, the dog continued to do poorly. Complainant took the dog back to Respondent due to the dog's cyanosis and anorexia; SQ fluids were administered.

On August 10, 2020, Complainant presented the dog to Respondent for evaluation and diagnostics. The dog remained with Respondent until August 14, 2020.

On August 14, 2020, Complainant picked up the dog from Respondent. Due to the dog's condition, Complainant presented the dog to an emergency facility where he was humanely euthanized.

**Complainant was noticed and appeared telephonically.
Respondent was noticed and appeared telephonically.**

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Julia Whitson-Lindholm*
- Respondent(s) narrative/medical record: *Edwin Kiesel, DVM*
- Consulting Veterinarian(s) narrative/medical records: *Southern Arizona Specialty and Emergency Center*

PROPOSED 'FINDINGS of FACT':

1. According to Complainant, the dog had eaten the crotch of 10 pairs of underwear around August 1, 2020. She was hoping the dog would pass the foreign material however within a couple of days, he was having diarrhea and was in pain.
2. On August 3, 2020, the dog was presented to Respondent. Complainant stated that Respondent told her that it was not a big deal and she could wait to see if the dog would pass the clothing. Complainant insisted the dog was painful and may need surgery.
3. Upon exam, the dog had a weight = 60 pounds, a temperature = 101.8 degrees, a heart rate = 134bpm, and a respiration rate = 20rpm. According to Respondent, Complainant advised that the dog ate approximately 10 pairs of panties and was now vomiting and not eating. Respondent stated that the dog appeared healthy and active and there was no pain on abdominal palpation.
4. According to Respondent, he gave the dog a "little xylazine" – no amount, concentration given – then waited 10 minutes. The dog vomited 6 – 8 pieces of material. Respondent then gave the dog a "little ketamine" – no amount, concentration given. Respondent giving the dog xylazine and ketamine in preparations for surgery if needed. Since the dog vomited, he waited for the xylazine and ketamine to wear off. Complainant told Respondent that the dog had eaten 10 or so panties therefore Respondent gave the dog 60mLs of barium (not documented in the medical record) to see if the material was in the intestines.
5. While administering the barium the dog was resistant, therefore they stopped and hoped the dog got enough. Respondent stated he did not feel the radiograph would be diagnosable at that time therefore wanted to wait an hour and give the barium time to move through the dog. A short time later, the dog vomited. Radiographs were taken and revealed barium in lung fields and stomach, none in the intestines (Respondent did not submit the radiographs with his response – Complainant submitted a radiograph from SAVSEC). According to Respondent, he had never seen barium in the lungs therefore called an emergency facility for treatment recommendations – none were given.
6. Respondent stated that Complainant was called and advised of what transpired and the

dog was taken to an emergency facility for overnight care and treatment. Complainant stated that she was not told the dog was taken to an emergency facility.

7. That afternoon, the dog was taken to Southern Arizona Veterinary Specialty & Emergency Center (SAVSEC) by Respondent's staff for evaluation. The dog was examined; Dr. Violetta noted the dog was panting, had mild harsh bronchovesicular sounds, normal abdominal palpation, and tacky mucous membranes. SPO2 = 94% on room air. The dog was hospitalized overnight for supportive care and monitoring. IV fluids were started and the dog was administered unasyn, dexamethasone, and hydromorphone. Nebulization and coupage and repeat thoracic radiographs were to be performed while the dog was hospitalized.

8. Later that evening, blood work was performed and a nasal oxygen catheter was placed in the right nare and the dog was started on oxygen. SAVSEC did not have medical records from Respondent nor did they have any information on the pet owner.

9. On August 4, 2020, before 8:00am, Respondent picked up the dog from SAVSEC. Complainant reported that she was advised that the dog aspirated barium, which would go away over time, and surgery would be performed the following day.

10. There are no medical records for the dog for August 4, 2020. Respondent stated in narrative, that the dog stayed at the emergency facility a day or two. When the dog returned to him, breathing was evident but the dog was happy and active. The dog would not eat therefore he was concerned something else was going on. Respondent did not want to give more barium so he monitored the dog,

11. On August 5, 2020, Respondent performed surgery on the dog. The medical records showed the dog's weight as 74.4 pounds (60 pounds on presentation). The dog was premedicated with xylazine and ketamine IM. There was no other information in the records Respondent submitted with respect to IV fluids blood work, gas anesthetic, surgical description, etc.

12. In the medical records Complainant submitted, it indicates on an invoice that blood was collected, an IV catheter was placed, LRS fluids were administered, isoflurane was used, and cephalexin and meloxicam was dispensed. There was also a surgical description, which stated Respondent entered the abdomen, then made an incision into the stomach. He used mosquito forceps to retrieve 7 - 8 pieces of cloth that looked like underwear fragments. Respondent closed all incisions. The invoice also shows the dog was administered ampicillin, onsier, and cerenia. Respondent was adamant that he did not perform surgery on the dog.

13. On August 6, 2020, no medical record entries noted.

14. On August 7, 2020, the dog's vitals were taken. There was no mention of the dog labored

breathing. He had not eaten during the night, but did drink water. The dog urinated and passed soft stool and the incision site looked good. The dog was medicated with cephalexin 500mg and meloxicam 7.5mg – ¼ tablet.

15. According to Complainant, she picked up the dog. She noted that the dog was not breathing normal – Respondent told her that it was due to the anesthesia and pain medication. On the invoice she submitted, it shows that Cephalexin and Meloxicam was dispensed. This information is not documented in the medical record Respondent submitted, as well as no information on discharge instructions or recommendations for follow up care.

16. Once home, the dog drank water and vomited immediately. Complainant called Respondent who advised to not give the dog any fluids or medications for 24 hours.

17. On August 8, 2020, due to the dog not retaining fluids, Complainant presented the dog to Respondent. The dog was not examined. The dog was administered LRS 900mLs SQ; metoclopramide 12mLs; cerenia 2.7mLs; and penicillin g 2mLs.

18. When Complainant picked up the dog Respondent told her to not give the dog anything for 24 hours. She again asked about the dog's abnormal breathing and was advised that it was normal and the dog was fine. Respondent further advised Complainant that after 24 hours, give the dog ¼ cup of water every 30 minutes; once the dog refuses water, give him a teaspoon of food. Respondent explained that dogs can survive 30 days without food and it was the water that he was worried about.

19. On August 9, 2020, Complainant relayed that the day was able to give the dog a ½ cup of water the entire day without the dog vomiting. That evening, Complainant noted the dog's tongue was purple/blue therefore she was called an emergency facility. Complainant was told that the dog's breathing was not normal and the tongue should not be that color – it was advised to take the dog in to be seen immediately.

20. On August 10, 2020, Complainant called Respondent and requested another radiograph be taken after she explained the dog's condition. Again, she was advised that a dog can survive 30 days without food and the dog was fine. Complainant brought the dog in to be seen by Respondent anyway – Respondent told her the dog's breathing and gum color was fine.

21. Upon exam the dog had a weight = 59 pounds, a temperature = 103 degrees, a heart rate = 125bpm and no respiration rate noted; mucous membranes pink and moist. No other systems were noted as being evaluated. The dog was administered 1 liter of LRS SQ, metoclopramide 2.5mLs, onsier 2mLs, and penicillin g 2mLs. The dog did not eat or drink.

22. On August 11, 2020 – there were no medical records submitted for this day.

23. On August 12 2020, Complainant called Respondent to check on the dog. Respondent updated Complainant that the dog was drinking and not vomiting, however the dog was still not eating. He offered for her to pick up the dog to see how he did at home; Complainant declined and opted to keep the dog there one more night. There were no exam notes for the dog recorded for this day. The dog was administered metoclopramide 2.5mLs and given mirtazapine 2 tablets.

24. On August 13, 2020, there are no exam notes recorded for the dog on this day. The dog was administered 1 liter of LRS (SQ?), cefpodoxime 1.5 tablets, and mirtazapine 1 tablet. Blood work was performed and revealed the following:

WBC	26.95	6 – 17
NEUTS	24.21	3.62 – 12.30
BUN	8.4	9 – 29
ALP	141	0 – 140
CHLOR	115	3.8 – 5.3

25. On August 14, 2020, the dog had a temperature = 102. 7 degrees; no other vitals or exam findings were recorded. The dog was administered cefpodoxime 1.5mg tablet and grapiprant 2.5 tablets. Respondent noted in the medical record that the dog ate the medication out of his hand but will not eat any food. The dog urinated and passed stool, and drank water overnight. He wrote that he was thinking of referring the case.

26. That day, Complainant received a call to pick up the dog; Respondent told her the dog had a slight kink in his neck and he was at a loss. When Complainant picked up the dog, his head was down, tilted to the side, disoriented and wobbly, his tongue was blue/purple, breathing extremely heavy and unresponsive to his name. Respondent handed her two bottles of unlabeled medications and said to Complainant that he did not feel like placing a label on them. She was advised to take the dog home for rest and not to force feed him. Complainant voiced her concern about the dog's condition and posture – Respondent replied not to worry about it, it was normal, and the dog probably slept on it wrong.

27. Complainant left and took the dog immediately to SAVSEC.

28. Dr. Gordon at SAVSEC evaluated the dog. The dog had a temperature = 103.6 degrees, mucous membranes were cyanotic, severe harsh lung sounds in all fields, unable to auscult heart due to loud harsh lung sounds. The dog was able to ambulate initially on presentation, then became lateral recumbent and was dyspneic. His neck appeared to be stiff with spasm-like episodes observed briefly. An IV catheter was placed and the dog was put in an oxygen kennel. Thoracic radiographs were performed and revealed severe diffuse barium aspiration pneumonia.

29. During evaluation, technical staff recognized the dog. She remembered the dog had been in previously and diagnosed with aspiration pneumonia on August 3rd and was under

the care of Respondent's premises. This information was passed on to Complainant – she was unaware the dog had been seen or treated by them previously. Complainant also reported that she had two unlabeled bottles of medication that were prescribed for the dog when she picked him up.

30. Dr. Gordon discussed the dog's poor condition. She would be happy to treat the dog but could not give a good prognosis. Treatment would include, oxygen, time, supportive care and antibiotic therapy. Complainant elected to humanely euthanize the dog.

31. While Complainant was at the emergency facility with the dog, Respondent sent her an email suggesting the dog be taken to an internist. He also mentioned placing an esophageal tube to get food into the dog. Respondent explained the dog's panting was due to the barium in the lungs but it was not a concern as the oxygen amount is good. He suggested giving the dog cold milk, but not force feeding the dog, as when that is done the dog gags and chokes – acts like he is being poisoned.

COMMITTEE DISCUSSION:

The Committee discussed there were many concerns with this case. There were clear medical record keeping issues; missing and inaccurate. There were concerns with the barium aspiration and how it was handled. Xylazine was administered prior to barium administration – xylazine causes vomiting. Respondent recognized that the dog may have aspirated barium and stated he performed radiographs. Respondent was unsure of how much barium was administered.

Respondent stated that he did not perform surgery however there is a photograph of the dog's incision, records of the surgery on Complainant's receipt, the emergency clinic described a recent incision that was healing on the dog's abdomen.

There were concerns that Respondent dispensed medication without labeling the pill vials. There were concerns that medical records were falsified as well and inaccurate.

The Committee commented that the dog Respondent made the dog suffer from August 3rd to the 14th. The dog died a miserable death. Respondent took the dog to the emergency facility without the pet owner's consent and knowledge. Then Respondent did not give any instructions on how to proceed with the dog.

The Committee expressed concerns with Respondent's ability to safely and competently practice veterinary medicine and requested the Board consider ordering Respondent to undergo an evaluation pursuant to ARS § 32-2234 (B). They were concerned that Respondent could not remember performing the surgery and could not remember other specifics of the case.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that possible violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board find:

- **ARS §32-2232 (3)** Misrepresentation of services rendered – Complainant was charged for surgery on the dog that Respondent does not recall performing on August 5, 2020;
- **ARS §32-2232 (11)** Malpractice, gross incompetence, and gross negligence in the practice of veterinary medicine and
- **ARS §32-2232 (22)** Medical incompetence for:
 - Administering xylazine then giving the dog barium shortly thereafter;
 - Not assessing the effects of the barium aspiration;
 - Misrepresentation of the dog's prognosis;
 - Not performing blood work prior to surgery;
 - No ASA status documented prior to surgery;
 - Performing surgery on the dog when using the induction agent ketamine and xylazine only - not intubating the dog and maintaining on a gas anesthetic.
- **ARS §32-2232 (12)** as it relates to **AAC R3-11-501 (1)** failure to provide courteous verbal interchange by taking the dog to an emergency facility on August 3, 2020 and not informing the pet owner;
- **ARS §32-2232 (12)** as it relates to **AAC R3-11-501 (9)** for altering or making false statements on the dog medical record from August 5, 2020 through August 14, 2020;
- **ARS § 32-2232 (18)** as it relates to **AAC R3-11-502 (E)** failure to provide the pet owner with discharge instructions following surgery on the dog and documenting in the medical record that discharge instructions were provided;
- **ARS §32-2232 (19)** as it relates to **ARS §32-2281 (A) (1)** and **(2)** for dispensing medication to the pet owner without a prescription label and not documenting the medications dispensed in the medical record; and
- **ARS § 32-2232 (21)** failure to maintain any medical record for the dog on August 11, 2020;
- **ARS § 32-2232 (21)** as it relates to **AAC R3-11-502:**
 - **H (1)** failure to obtain signed authorization to perform surgery on the dog on August 5, 2020;
 - **H (2)** failure to examined the animal and record the results in the medical record prior to surgery on August 5, 2020;
 - **H (3)** failure to monitor the dog while under anesthesia and document the heart rate and respiration rate every 15 minutes in the dog's medical record on August 5, 2020;

- **L (4)** failure to examine the dog and record the results in the medical record on August 4th, 5th and 6th, 2020; and
- **L (9)** failure to record the radiographs and the results of the radiographs in the medical record.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division

Douglas A. Ducey
Governor



Victoria Whitmore
Executive Director

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. Adams Street, Ste. 4600, Phoenix, Arizona 85007

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vetboard.az.gov

IN ACCORDANCE WITH A.R.S. § 32-2237(D): "If the board rejects any recommendation contained in a report of the investigative committee, it shall document the reasons for its decision in writing."

At the November 17, 2021 meeting of the Arizona State Veterinary Medical Examining Board, the Board considered the recommendations of the Investigative Committee regarding case number 21-123 In Re: Edwin Kiesel, DVM.

The Board considered the Investigative Committee's Findings of Fact and Conclusions of Law:

1. **ARS §32-2232 (3)** Misrepresentation of services rendered – Complainant was charged for surgery on the dog that Respondent does not recall performing on August 5, 2020;
2. **ARS §32-2232 (11)** Malpractice, gross incompetence, and gross negligence in the practice of veterinary medicine and
3. **ARS §32-2232 (22)** Medical incompetence for:
 - Administering xylazine then giving the dog barium shortly thereafter;
 - Not assessing the effects of the barium aspiration;
 - Misrepresentation of the dog's prognosis;
 - Not performing blood work prior to surgery;
 - No ASA status documented prior to surgery;
 - Performing surgery on the dog when using the induction agent ketamine and xylazine only - not intubating the dog and maintaining on a gas anesthetic.
4. **ARS §32-2232 (12)** as it relates to **AAC R3-11-501 (1)** failure to provide courteous verbal interchange by taking the dog to an emergency facility on August 3, 2020 and not informing the pet owner;
5. **ARS §32-2232 (12)** as it relates to **AAC R3-11-501 (9)** for altering or making false statements on the dog medical record from August 5, 2020 through August 14, 2020;
6. **ARS § 32-2232 (18)** as it relates to **AAC R3-11-502 (E)** failure to provide the pet owner with discharge instructions following surgery on the dog and documenting in the medical record that discharge instructions were provided;
7. **ARS §32-2232 (19)** as it relates to **ARS §32-2281 (A) (1)** and **(2)** for dispensing medication to the pet owner without a prescription label and not documenting the medications dispensed in the medical record; an
8. **ARS § 32-2232 (21)** failure to maintain any medical record for the dog on August 11, 2020; and
9. **ARS § 32-2232 (21)** as it relates to **AAC R3-11-502**:
 - **H (1)** failure to obtain signed authorization to perform surgery on the dog on August 5, 2020;
 - **H (2)** failure to examine the animal and record the results in the medical record prior to surgery on August 5, 2020;
 - **H (3)** failure to monitor the dog while under anesthesia and document the heart rate and respiration rate every 15 minutes in the dog's medical record on August 5, 2020;
 - **L (4)** failure to examine the dog and record the results in the medical record on August 4th, 5th and 6th, 2020; and
 - **L (9)** failure to record the radiographs and the results of the radiographs in the medical record.

Following the Informal Interview, the Board concluded that Respondent's conduct did not rise to the level of a violation with respect to recommended violations 1, 2, 3, and 5. However, the Board did vote to find Dr. Kiesel information of the remaining recommended violations by the Investigative Committee.

Respectfully submitted this 8TH day of December, 2021.

Arizona State Veterinary Medical Examining Board


Jim Loughhead - Chair